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WILL TO WITH CINTADING INN-THIS IS A TEN-TO-	Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PH	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. E	statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH	STATE OF MARYLAND
County Garretty	CERTIFICATE OF DEATH
	Registration Dist. No. /63
Village or City Blannington (No. 2FULL NAME Sarah Lavina	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Windows (Write the word)	wed 16 DATE OF DEATH Wash 16 , 1931 (Year)
Fulriary 15 , 18 (Month) (Day)	17 Jel 14 HEREBY CERTIFY, That I attended the deceased from Sel 14 1931. to Much 16 , 1931 that I last saw her alive on Mach 16 , 1925.
60 yrs. / mos. / ds. or	hrs. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Juliereitas Vienning
which employed or (employer) 9 BIRTHPLACE (State or country) Maryland.	Contributed Where Care A containing to the Contributed of the Care
10 NAME OF FATHER Planed Wilson	(Signed) M. D. (Kch 17) 1923 (Address) Stedment Wy
OF FATHER (State or country) Maryland. 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Myra Barnare 13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	ients or Recent Residents) At place of deathyrsmosds. In theyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, il not at place of death?
(Informant) David Beavers (Address) Bloomington, Mc	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 10 PLACE OF BURI
15 Filed MCh 18 1923/ Dorsey Pattis Registr	20 UNDERTAKER ADDRESS Girdmont, W.V
If more branks are needed, address State Re	gistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housecn at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foremon, For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Doy (b) For persons who have no occupation Automobile factory. The material 6) The quesengineer, Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pineumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilwoy traincan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular Always qualify all heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

PL

	PLACE OF DEATH	03244 STATE OF MARYLAND
	County Sanck	© CERTIFICATE OF DEATH
	00'	Registration Dist. No.
	Village or City Vindey (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	fernal White SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
2	9neh 6 (Month) (Day) (Year)	I HEBEBY CERTIFY, That I attended the decemed from 18 / to Max (compared that I last saw have alive on Max (compared to the saw have alive on the saw have alive of the saw have alive on the saw have alive on the saw have alive
	7 AGE	and that death occurred on the date stated above, at 17 m. The CAUSE OF DEATH * was as follows:
	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Winduf 10 NAME OF	(Duration) yrs. mos. ds. Contributory Congluital Syphylic Secondary (Duration) yrs. mos. ds.
	FATHER CESA Body and 11 BIRTHPLACE Journattony Conference (State or country) 12 MAIDEN NAME ()	(Signed) Mor 6 193 (Address) *State the Liscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
	of MOTHER John Sharws 13 BIRTHPLACE OF MOTHER (State or country) Garrit Co 9nd 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
	(Informant) asa Bolyand (Address) Vindey Md	Former or usual residence 19 PLACE OF BURIAL, OR REMOVAL 19 PLACE OF BURIAL, OR REMOVAL 20 UN DERT (SER) ADDRESS ADDRESS
	Registrar	When I sharplese Islame & Ca

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scriant, Cook definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Lauvier of the en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, etc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal, to time and causation), using always the same accepta EASE CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> nietanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Chronic valvular heart disease; Example: Measles (disease etc. The contributory " elc.

answered in detail, it will prevent further correspondence. All ti data is essential and must be obtained before the certificate permanently filed. II this certificate is looked over thoroughly and all questions

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V. S. No. 1

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1. PLACE O				(82-0)		1/./	
	i t.				Registration D	ist. No. 166	2
Village or (City_City_City_City_City_City_City_City_		(1	Nof death occurred in a horpital or institu	ntion, give its NAME	St.,	War
				sds. How long in U.S. if o	or toreign birth?	yrs.	mos ds
	ME Jomis	5.0					
(a) Resider	ice: No.	(Usual place	of abode)	St., Ward.		ve city or town an	nd State
	AL AND STATIS	TICAL PART	ICULARS		ERTIFICATE	OF DEATH	
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	(Month)		, 193 (Year)
5a. If marriad, widov HUSBANO of (or) WIFE of	ved, or divorced			22. HEREBY	CERTIFY	, That I attende	d deceased from
6. DATE OF BIRTH	(month, day, and year)	7. 77.	7907	I last saw h alive on		19	
7. AGE Ye	Months	Days	If LESS than 1 day,hrs.	THE TRUICH AL CHOSE OF DEAT	TH and related causes	of importance	
8 Trade nunfe	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc.	Rethrod		were as follows:			
9 Industry or	business in which s done, as SILK MILL, LL, BANK, etc.			from informa	l-		
10. Date decease this occurrence year)	ed last worked at pation (month and	11. Total	time (years) ent in this supation	Authan			
	ity or town)		and	Other Contributory Causes of impo			
	enel Somio						
	E (city or town)	NM13				Date of	
15. MAIDEN NA	ME. Tomore III	107.7		23. If death was due to external car			
16. BIRTHPLAC	E (city or town)	and and don		Accident, suicide, or homicide? Where did Injury occur?	Da		
		· /a _ ¬ ¬		Specify whether injury occurred i	(Specify city or to		LACE.
18. BURIAL, CREMA	TION, OR REMOVAL		, 19	Manner of injury			
19 UNDERTAKER	Buorn Falla	282		24. Was disease or injury in anyw			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I CEIVE	ED	Example II	
The principal cause of death and related causes of importance were as follows:		1.6	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	DUREAU V	31921	Run over by street ear	1 week ago
Cerebral hemorrhage		July5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

M	CORD	d EXACTLY, PHYSI-
MARGIN RESERVED FOR BINDING	, WITH UNFADING INK-THIS IS A PERMANENT CORD	ation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CAUSE OF DEATH in plain terms so that it may be properly classified. Exact

1PLACE OF DEATH	STATE OF MARYLAND
County Garrell	CERTIFICATE OF DEATH Registration Dist. No. 163
Village or City Wesley South. 7. D	St.: Ward) (If death occurred is a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March. 1 , 193/ (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Much 12 1931 to Much 14 , 1931 that I last saw h 21 alive on Much 14 , 1931
7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at 11:300 m
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Brown Merchania
10 NAME OF FATHER Bloomy o Butter	(Signed) Parl (Address) Parl Way 15 1931 (Address) Parl Way 15 1931 (Address)
(State or country) Suppert Co. Md 12 Maiden Name OF FATHER (State or country) Suppert Co. Md 12 Maiden Name OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Harrier Co. Md.	ients or Recent Residents) At place In the of death yrs
(Informant) Orval Butter	Former or usual residence. 19 PLACE OF BURIAN OR REMOVAL DATE OF BURIAL
(Informant)	19 PEACE OF BURIAL OR RUMOVALE

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been cleaned to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery.

a) Fereman. (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may roun part of the second statement. For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Drive EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on tetanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic The nature of the injury, etc. The contributory valvular heart Nomenclature of the disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriasclerosis	1915	Attack of epilepsy	1 week ago
Chranic interstitlat nephritis	1921	Run aver by street car	1 week aga
Cerebral hemorrhage	July 5, 1927	Peritanitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

tired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed. us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

permanently filed.

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If this eqrificate is looked over thoroughly and a'l questions canswered in detail, it will prevent further correspondence. All the oldata is essential and must be obtained before the certificate is (Recommendations on statement of cause of death approved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." stated unless important. American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory of the

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH gaged in doniestic service for wages, as Screant, Cook household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborar, that fact may be indicated thus; Farmer (re-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, For persons who have no occupation Automobile Laborerfactory. The -Coul mine, etc. Locomotive (6) material engineer, Grocery; Wom-

spinal meningitis"); Diphtheria avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISto time and causation, using always the same accept-Typhoid fover (never report "Typhoid Pneumonia") CAUSING DEATH (the primary affection with respect preumonia, Bronchopneumonia

> stated unless important. Example: Measles (disease American Medical Association.) carbolic acid - probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septimenia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death); 29 ds.; Browchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Whooping (Recommendations on statement of cause of "Exhaustion, may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY by cough; 99 Committee on "Heart failure," "Haemorrhage, Chronic "Senile," etc.), "Dropsy, etc. valendar heart Nomenclature The contributory Always qualify all disease

answeed in detail, it will prevent further correspondence. data i exential and must be obtained before the certificate is thoroughly and a l questions All the

permanently filed.

RECEIVED

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No.

St. Ward)

(if death occurred in a hospital or institution, give its NAME is-stead of street and number.)

MEDICAL CERTIFIC	CATE OF DEATH
16 DATE OF DEATMAR	25,1031
march (Mon	th) 2.5 (Day) (Year)
	mat lattended the deceased from 25, 198
that I last saw h malive on 7	mah 17- 31
and that death occurred on the dat	17:200
The CAUSE, OF DEATH * was as fol	
arters Sclerous	
000074770777799999777707999999999999999	
***************************************	724
(Duratic	on) yrs mos
Contributory Duffue	-00
Secondary	7
nrath	Meredan M
(Signed MAR & Crus	Residen, M.
mah 25 1931 (Address)	Ketmiller md
*State the Disease Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.	I hath, or, in deaths from s of Injury and (2) Whether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Institutions, Tran
At place of deathyrsmosds.	In the State yrs mos
Where was disesse contracted, if not at place of death?	
Former or usual residence.	

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or At home. Care should be taken definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman. 6 Grocery;

Statement of Cause of Death—Name, first, the pre-EAR ENUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> on approved by Committee on Nomenclature of the American Medical Association.) tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR

RESERVED

MARGIN

V. S. No. 1

PLACE OF DEATH County Sand	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Suambow (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mar. // , 193/ (Month) (Day) (Year)
S DATE OF BIRTH Phch (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from MAY 18 to May , 193 , that I last saw him alive on Born dead , 192 ,
7 AGE If LESS than dayhrs.	and that death occurred on the date stated above, at 9 H.m. The CAUSE OF DEATH * was as follows: Justimuntal Delinery
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Aydrocephalus Stillborn (Duration) yrs. mos. ds. Contributory
9 BIRTHPLACE (State or country) Succession on a 10 NAME OF Howard Mellinger 11 BIRTHPLACE OF FATHER Succession on a 12 MAIDEN NAME OF COUNTRY).	(Signed)
OF MOTHER 13 BIRTHPLACE Sattrices OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Howerf Hellinger (Address) Swantow Ind.	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Worth Deliveral Pheh 12, 198/ 20 UNDERTAKER ADDRESS
Filed Man // 193/ Cl 49 Sanuch Registrar If more branks are needed, addres a state Registrar	Tha I Shayelesa Blame, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer, trestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House laborer, Farm laborer. Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a yrs). For persons who have no occupation without more precise specification as Day single word or term on

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EA. B CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepeis carbolic acid-probably suicide. The nature of the injury, actident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuly diseases resulting from childbirth or miscarriage as "PUERPERAL scpticaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumoniu (secondary). approved or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valuular heart disease; etc. The contributory

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(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the Dissease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrosinal maningitis"); Diphtheria (avoid use of "Croup"); I piphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

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formation should be careful tate CAUSE OF DEATH in pisture and important	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE
y item of in.	OF MOTHER (State or Country
044	(Informant)
m i	Filed Mar. 3
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PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / >/
Plage or City Swanton (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale While (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Alive on, 192,
S/yrs. 10 mos. 13 ds. or min.?	and that death occurred on the date stated above, at
occupation (a) Trade, profession or barticular kind of work	
b) General nature of industry visiness, or establishment in which employed or (employer)	(Durstion)yrsde.
	Contributory

Secondary (Durstion) .192 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At plece In the State.....yrs....mos.... of deathyrsmosds. Where was disease contracted, if not et plece of deeth?. Former or usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS

f more bienks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

TO THE BEST OF MY KNOWLEDGE

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (1) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DIATE gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questo report specifically the occupations of persons enployed, as Al school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation not gainfully em-

Statement of Cause of Death—Name, first, the pig. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic controls; inal meningitis"); Diphthera (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,") Typhoid pneumonia, Bronchoneumonia ("Pneumonia,")

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County States or City State or City State or country) PERSONAL # ND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE MARRIED.		PLACE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) DATE OF BIRTH (Month) (Day) (Year) If LESS than I day, hrs or min. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MAY May May May May May May May Ma	(County Garrett
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MARRIED, WIDOWED, OR DIVORCED (Write the word) DATE OF BIRTH (Month) (Day) (Year) (Month) (Day) (Month) (Day) (Month)	- 10	PERSONAL AND STATISTICAL PARTICULARS
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MANA WIDOWED (Write the word) (Month) (Day) (Year) (Father word) (Year) (If LESS than I day hrs or min. (Asy hrs or min.) (Asy hrs or min.) (State or country) (State or country) (State or country) (Informant) (Informant) (Informant) (Month)	s	
(Month) (Day) (Year) AGE (Month) (Day) (Year) (AGE) (Month) (Day) (Year) (Day) (Year) (AGE) (Month) (Day) (Year) (Month) (Day) (Year) (Age) (Month) (Day) (Year) (Age) (Month) (Day) (Year) (Month) (Day) (Year) (Age) (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (Age) (Month) (Day) (Year) (Month) (Day) (Year) (Age) (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (Age) (Month) (Day) (Year) (Month) (Day) (Year) (Age) (Month) (Day) (Year) (Month) (Day) (Year) (Age) (Month) (Day) (Year) (Age) (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (No CCUPATION (Age) (No CCUPATION (Age) (No CCUPATION (Age) (No CCUPATION (Age) (No Couples) (Age) (No Co	2	Meditored WIDOWED.
(Month) (Day) (Year) AGE If LESS that I day hrs or mos. 6 ds or min. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNÖWLEDGE	D	ATE OF BIRTH
If LESS than day hrs occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) May May May 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) May May May May May 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) May May 15 May May May 16 May May May 17 May May May 18 May May May 18 May May May 19 May May May 19 May May May 19 May May May 10 May May May 10 May May 10 May May May 11 BIRTHPLACE 12 May May May 12 May May May 13 May May May 14 May May May 15 May May May 16 May May May 17 May May May 18 May May May 18 May May May 19 May May May 19 May May May 19 May May May 19 May May May 10 May May May 10 May May May 11 May May May 12 May May May 18 May May May May 18 May May May May 18 May May May 19 May May May May 19 May May May May 19 May May May May 10 May May May May 10 May May May May May 11 May May May May May May 12 May May May May May 13 May May May May May 14 May May May May May May 15		
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(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNÖWLEDGE (Informant) 15 MAIDEN NAME OF MOTHER (State or country) 16 THE ABOVE IS TRUE TO THE BEST OF MY KNÖWLEDGE	W	rhich employed or (employer)
FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNÖWLEDGE (Informant) (Informant)	-	(State or country) Mary Mary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)		
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12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	5	OF FATHER OF THE OF
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	ш	
OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	∢	OF MOTHER JOHN SMAN
(State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)		
(Informant) May Ray		(State or country)
Ole Mad	4	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Address) Meyer, Mr.		(Informant) May Kay
000.0		
5 Filed March 1923 Virginia III day		(Address) Steyen, Mr.

03254

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	Ward)	_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

7.	number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH CHIL	5 . 1927
	(Day)(Year)
17 I HEREBY CERTIFY, That I	
192 to	
that I last saw hallve on ,	, 192,
and that death occured on the date state	ed above, atm.
The CAUSE OF DEATH * was as follows:	
	(D) 1/L
Bremature	Couch
	•••••
(Duration)	yrsmos ds.
Contributory	
(Duration)	yrsmosds.
(gigned) Willy Druk	water M.D
Murch 7 _ 192 1. (Address) 400	manuja Na
*State the Discase Causing Dea Violent Caus.s, state (1) Means of Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Ho	spitals, Institutions, Trans-
At place In	the Stateyrsmosds
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sleger, mr.	March 8 , 1931
20 UNDERTAKER	ADDRESS

If more branks are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

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33 1

12 . 7

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, to that the relative health. Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Housemuid, etc. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Or yrs). Farm laborer, Laborer-At Home, and children, without more precise specification as Day who are engaged in the duties of the For persons who have no occupation, (b) Automobile factory. The material If the occupation has been changed mill; (a) Salesman. (b) Architect, Locomotive engineer, -Coal mine, etc. not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the bis EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accept ed term for the same disease. Examples: Carebrospital fever (the only definite synonym is "Epidemic cere prospinal meningitis"); Diphtheria (avoid use of "Croul"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarboma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," causing (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." "PUERPERAL seplicacmia," "PUERPERAL perilonitis, Chronic interstitial nephritis, 14 hooping American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Never report mere symptoms or terminal condideath), 29 ds.; Bronchopncumonia (secondary), FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease affection need etc. The contributory valvulay heart discase; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	03255 STATE OF M	
Co	ounty Fary St.	CERTIFICATE (159) Registration D	1.1 7
Villag	ge or City Merger (No	St.: Ward)	(If death occurred a hospital or institution, give its NAME i stend of street arnumber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
3 55	x 4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Musch (Month)	3 , 192 / -(Day) (Year)
6 DA	TE OF BIRTH	17 i HEREBY CERTIFY, That i atte	, 192
7 AG	(Month) (Day) (Year) If LESS than I day	and that death occurred on the date stated. The CAUSE OF DEATH * was as follows:	above, at
(a) par (b) bus	CCUPATION 1 Trade, profession or reticular kind of work	Prematur Br	1t. moe /2
9 511	RTHPLAGE (State or country) 10 NAME OF	Contributory Secondary (Duration)	
S	FATHER GEORGE RAY. 11 BIRTHPLACE	March 9 193 (Address) JSM	
A P P P P P P P P P P P P P P P P P P P	OF FATHER (Stato or country) West Megama 12 MAIDEN NAME	*State the Disease Causing Death, Violent Caus.s, state (1) Means of in Accidental, Suicidal or Homicidal.	jury and (2) whether
1	OF MOTHER WAS MANUEL 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	als, Institutions, Trai
	OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. Stat Where was disease contracted, if not at place of death?	yrsmos
14 T	(Informant) May Rays	Former or usual residence	***************************************
14 T	(Address) Slayer, MA	legue, Med	have 5 192
15	Filed Marcho, 12 Virginia M, Harve	Joundertaker Oman	Sleger Ind.
Married Co.		, 16 W. Saratoga St., Balto., Requesting V. S	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Salesman. (b) Crocery, sary to know (a) the kind of work and also (b, the the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. Civil engineer. Stotionary freman, etc. But in many Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, etc., For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. yrs). without more precise specifi ation as Day (b) Automobile factory. The material For persons who have no occupation Locomotive engineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same adopted ed term for the same disease. Examples: Cerebrosolular fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia."

> (name origin; "Cancer" is less definite; avoid causing stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcona,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved carbolic acid-probably suicide. The nature of the injury State cause for which surgical operation was under-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopncumonia (secondary), FOR VIOLENT DEATHS State MEANS OF INJURY by m," "Heart failure," "Ilaemorrhage," or intercurrent) Committee on Chronic Example: Measles (disease valvular affection necd etc. The contributory Nomenclature Always qualify all heart discose; not

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D		Exact
X)	CORD	upplied. ACE should be stated EXACTLY, PHYSI-terms so that it may be properly classified. Exact
DZ.	-THIS IS A PER NENT CORD	be stated be proper
VED FOR BINDING	PER	should t it may
FOR	IS A	. ACE
VED	-THIS	upplied terms

PLACE OF DEATH	STATE OF MARYLAND
4	
County Lavell	CERTIFICATE OF DEATH
	Registration Dist, No. 6
Village or City M. The Union	St.: Ward) (If death occurred in a hospital or institu
	tion, give ita NAME in stead of street and
2FULL NAME Sizabell &	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH March 28 198/
Kemale white OR DIVORCED	march 28, 1981
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Dept > , 1840.	Sma-6 26 11/
(Month) (Day) (Year)	that I last saw h alive on 1931
7 AGE [If LESS than 1 day hrs.	
9/ yrs. 6 mos. 23 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	" Chronic my cardition
(a) Trade, profession or Particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duretion) yrs, mos ds
9 BIRTHPLACE	Contributory Secondary
(State or country) md	(Duration) even mon de
10 NAME OF O A A	(Signed) a. M. Dacker M. D.
FATHER Thelip Muhael	3/20 11 -1
O II BIRTHPLACE OF FATHER	(Address) Death on in dath from
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ienta or Recent Residents)
OF MOTHER m	At place In the of death yrs mos ds.
(State or country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of death?
(Informant) midsthur Murphy	usual residence
2-4/1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Blocker Cemetary Mar 3 9, 1931
15 Filed March 31-198/ Whomas Crows	20 UNDERTAKER ADDRESS
Registrar	J. Sunes Troolburg
If more blanks are needed, address State Registra	r, 16 M. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation mill; (a) Salesman, 6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Inanition," "Marasmus, Ulu Age, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; ... stated unless important (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need valvular heart discase; not be

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AFR 6

PLACE OF DEATH	\$13257 STATE OF MARYLAND
County Janel	CERTIFICATE OF DEATH
Para Lulla.	Registration Dist. No. /67
Village or City // Massally // (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME is -
2 FULL NAME Garold Shre	tion, give its NAME II - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March. 2-9-, 192 1 (Month) (Day) (Year)
6 DATE OF BIRTH March 25, 1.931 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from MANN 25 1921. to MANN 25, 1931. that I last saw h man alive on Manch 25, 192, 1,
7 AGE If LESS than I day	and that death occurred on the date stated above, atm,
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Pressatine Berth (Dursion)
9 BIRTHPLACE (State or country)	Contributory Secondary Durstion) yrs
10 NAME OF FATHER Melvelle Shrewer	(Signed) (1) (Address) MAMMININGUNE
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Gracie Worl	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ienta or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Meville Shrewer	Former or usual residence
(Address) Gmania Wiva:	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAIN 80 19.3!
15 Filed March 29,1931 Virginia M. Harvey	Lev Mreser Communication
. If more banks are needed, addre s tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, cases, especially in industrial employments, it is necesto report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Wom-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic affection need etc. The contributory valvular Always qualify all heart Measles; disease; not be

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PLACE OF DEATH	03258 STATE OF MARYLAND CERTIFICATE OF DEATH
County All Control of the Control of	Registration Dist. No. 161
Village or City Manipolina	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street ond
2 FULL NAME Harold W. S	heever stead of street ond number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 25-, 1937 (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 25, 192, 1, that I last saw h LYM alive on March 25, 192, 1,
7 AGE IFLESS than	
yrs. mos. ds. or min.	
(a) Trade, profession or particular kind of work	Premature Barth
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)ds.
State or country)	Contributory Secondary (Dugetion), yrs
10 NAME OF Melvelle Streever	(Signed) U/9/Dentage la M.D. MANEL 29.192, 1 (Address) Jamaninge/ M.D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wacel Work	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsds. In the Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not of place of death?
(Informant) Melvelle Shreever	Former or usual residence
(Address) YMMMM / VIVA	19 PLACE OF BURIAL OR REMOVAL MASSES 193.1
15 Filed March 291931. Virginia M. Harves	Les Unever Gemania VIVA
If more blanks are needed, address thate Registre	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cool ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed r," etc., Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton without more precise specification as Day For persons who have no occupation may be indicated thus; Farmer (re mill; (a) Salesman, -Coal minc, etc. Wom-(6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on tetamus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY cough; Chronic affection need etc. The contributory valvular heart Nomenclature Always qualify al disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY. PHYSICIANS should state of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor Exact statement properly classified. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.-WRITE

FOR BINDIN

MARGIN RESERVED

County	arr.th			Registration Dist. No. 1 6
Village or C	ity II n. Oal-1.	17.7		NoSt.,
Length of resi	dence in city or town when	e death occurred		f death occurred in a hospital or institution, give its NAME instead of street and numb s. ds. How long in U.S. if of foreign birth?
	WE Matilda			
(a) Residen			224 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	St Ward.
· ·		(Usual place of		If nonresident give city or town and State
	AL AND STATIS			MEDICAL CERTIFICATE OF DEATH
Jama la	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) (Day) (Day)
5a. If married, widow HUSBAND of				22. I HEREBY CERTIFY, That I attended decer
(or) wire of	hu Sines.			- 1.ch. ,19.31, to 1.ch. 20,
6. DATE OF BIRTH (month, day, and year)	leb, 3, 1	247	t last saw h er alive on ch, 1931; dec
7. AGE Year	rs Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at
84	1	7	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
10. Date decease	done, as SILK MILL, L, BANK, etc			
year) 12. BIRTHPLACE (cit	y or town) ニュー	11. Total timespent occup	ne (years) IIn this Pation	Other Contributory Causes of importance: Artero Sclerosis
this occur year)	y or town)	n Co. I.	ne (years) In this Nation	
year) 12. BIRTHPLACE (cit (State or coun	y or town) Area to other transfer of the state of the sta	n Co. I.	re (years) (In this hation	Artero Sclerosis Name of operation Date of Da
year)	y or town) Prestoritry) (city or town) Proceedings of the procedure of th	n Co	ve. Ve.	Artero Sclerosis
year)	y or town) Area to other to other town) Area to other town) Area to other town) Area town)	on Co	Ve.	Name of operation Date of What test confirmed diagnosis? Was there an autopage 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury, Where did injury occur?
year)	y or town) Presents (city or town) Presents	on Co	Ve.	Name of operation
year) 12. BIRTHPLACE (cit (State or coun 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NAI 16. BIRTHPLACE (State or 17. INFORMANT (Address) 18. BURIAL, CREMAT	y or town) Prestority) (city or town) Prestority) (city or town) Prestority) (city or town) Country) (city or town) Country) (city or town) Country) (city or town) Country)	occup n Co. V.	Ve.	Name of operation Date of Was there an autop: 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury, Where did injury occur? (Specify city or town, county and State)
year) 12. BIRTHPLACE (cit (State or coun 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NAI 16. BIRTHPLACE (State or 17. INFORMANT (Address)	y or town) Prestority) (city or town) Prestority) (city or town) Prestority) (city or town) Country) (city or town) Country) (city or town) Country) (city or town) Country)	on Co	Ve.	Name of operation
year) 12. BIRTHPLACE (cit (State or coun 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NAI 16. BIRTHPLACE (State or 17. INFORMANT (Address) 18. BURIAL, CREMAT	y or town) Prestoritry) (city or town) Procountry) (city or town) Country) (city or town) Country) (city or town) Country) (city or town) Country)	occup n Co. V.	Ve.	Name of operation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill; etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples.

Ex	ample-I		Example II	
The principal cause of deat of importance were as follo	h and related causes	Date of unset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	100 8 1001	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	31 14 9 13937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PURPAU Y	July 5.1927	Peritonitis	3 days ago
	L CAULALO V	· 1	•	
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material If the occupation has been changed Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrod spinal meningitis"); Dinktheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia").

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Heart failure," "Haemorrhage," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of (secondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; or intercurrent) affection need not be 'Congenital,' "Senile,' etc.), "Dropsy,
> " "Heart failure," "Haemorrhage, Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 193

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	d and a second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
*			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH County Village or City Oakland Mary	Registration Dist. No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city by town whole death occurredmos		
2. FULL NAME Mant	lket	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Day) (Year)	
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended decaased from	
6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on, 19; death is said	
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Jay horn	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Annaline	
10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spen fin this occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) are the company of ar		
13. NAME TWO Steleet		
13. NAME 11. BIRTHPLACE (city or town). Maryland (Stata or country)	Name of operation Date of Was there an autopsy?	
15. MAIDEN NAME Martha lest	23. If death was dua to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME Martha leaf 16. BIRTHPLACE (city or town). Careland Md	Accident, suicide, or homicide?, Date of injury, 19	
(State or country) are the Co	Whera did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address) Oakland M		
Place Ourland Md Oate Mch 6,1931	Manner of injury	
19. UNDERTAKER Father-trid Driefert (Address) OATHAY of Ma	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED Meh 6, 1931 Julia Powan Registrar.	(Signed) A. Tulkayy M. I	
If wore blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of importance were a	of death and related causes significants	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NPR 7 1931 -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1921			Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN